

Division of Laboratory Services 630 Hart Lane Nashville, TN 37216 615-262-6300

https://www.tn.gov/health/health-program-areas/lab.html

Disease/Agent Suspected or Test Requested:

Legionella species (Legionnaires' disease)

Provider Requirements	Isolate submission is REQUIRED for laboratories.
Acceptable Specimen Sources/Type(s) for Submission	 Pure culture isolate from normally sterile sites and/or clinical specimens such as respiratory secretions, lung tissues, endotracheal tube washes, chest drainage, pleural fluid and normally sterile fluids. Urines are not accepted for antigen testing.
TDH Requisition Form Number	PH-4182
Media Requirements	Isolates: Buffered Charcoal Yeast Extract (BCYE) or equivalent media. Clinical specimens: Sterile screw-cap container.
Special Instructions	Clinical specimens should be frozen at or below -20°C promptly after collection.
Shipping Instructions	Isolates: Ship isolates in ambient temperature. Do not send refrigerated or frozen. Clinical specimens: Ship refrigerated clinical specimens on ice packs and overnight. Ship frozen clinical specimens on dry ice and overnight.
Laboratory Section Performing Testing	Bacteriology
Lab Location(s) Performing Test	Nashville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).